

# RECEIVED CENTRAL FAX CENTER

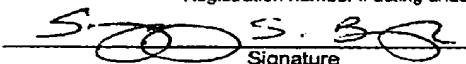
OCT 17 2005

PTO/SB/22 (12-04)

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|   |  |   |                         |
|---|--|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | Docket Number (Optional)<br>BRONNE00402   |                         |
| Application Number<br>10/079,605  |  | Filed<br>February 21, 2002  |                         |
| For <b>DEVICES FOR APPLYING ENERGY TO TISSUE</b>  |  |   |                         |
| Art Unit<br>3739  |  | Examiner<br>A. Roane  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |   |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |   |                         |
|   |  | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))  | \$120   | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450   | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))   | \$1020  | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590  | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160  | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.   |   |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.  |   |                         |
| <input checked="" type="checkbox"/>   | Payment by credit card. Form PTO-2038 is attached.   |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.                                      |   |                         |
| <input type="checkbox"/>  | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ |   |                         |
|   |  | I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |                         |
| I am the  | <input type="checkbox"/>   | applicant/inventor.   |                         |
|   | <input type="checkbox"/>   | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                         |
|   | <input checked="" type="checkbox"/>  | attorney or agent of record. Registration Number <u>42,280</u>  |                         |
|   | <input type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                 |                         |
|   |   |   | October 17, 2005        |
|   | Signature  |   | Date                    |
|   | Sanjay S. Bagade   |   | (650) 242-4212          |
|   | Typed or printed name  |   | Telephone Number        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |   |                         |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted.   |   |                         |

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